

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 04 / 22 / 2016	

Full Name of Payee CROSSROADS MEDIA LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016	
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount 12712.62	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4226	
Purpose of Expenditure MEDIA		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016	
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		457076.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CROSSROADS MEDIA LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016	
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount 25810.46	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4227	
Purpose of Expenditure MEDIA		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016	
Name of Federal Candidate ERIN HOUCIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		482887.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38523.08
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date

MM / DD / YYYY
07 / 13 / 2016

Signature

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FOR SE OF FORM 24/48

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Full Name of Payee SRCP MEDIA INC. PRODUCTION		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016	
Mailing Address 201 N UNION ST SUITE 200		Amount 850.74	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4224
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016	
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 483737.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee SRCP MEDIA INC. PRODUCTION		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016	
Mailing Address 201 N UNION ST SUITE 200		Amount 1727.26	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4225
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016	
Name of Federal Candidate ERIN HOUCIN		<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 09 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 485465.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2578.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	41101.08

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